Case 15-40543 Doc 1 Filed 11/30/15 Entered 11/30/15 11:40:20 Desc Main Document Page 1 of 45

| BI (Official Form 1)(0)   |  | United S<br>Not                                 |                                   | Bankı<br>District  |  |   |                                 |  |  | Vol  | untary Petition   |
|---|--|---|-----------------------------------|--|--|---|---------------------------------|--|--|--|---|
| Name of Debtor (if individual, enter Last, First, Middle): Fortin, Mark R.  |  |   |                                   |  |  |   | of Joint Dertin, Rhe            | ebtor (Spouse<br>a B.                            | ) (Last, First                               | , Middle):   |   |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):  |  |   |                                   |  | All Of (inclu-   | her Names<br>de married,  | used by the J maiden, and       | oint Debtor<br>trade names                       | in the last 8                                | 3 years  |   |
| Last four digits of Soc. (if more than one, state all)  | Sec. or Indi   | vidual-Taxpa                                    | yer I.D. (                        | ITIN)/Com  | plete EIN  | (if more  | our digits o than one, state    | all)   | Individual-                                  | Taxpayer I.  | D. (ITIN) No./Complete EIN  |
| Street Address of Debte<br>2834 Vercoe Ave<br>Waukegan, IL  | *  | Street, City, a                                 | and State)                        | _  | ZIP Code   | Street<br>283<br>W  | Address of                      | Joint Debtor  Avenue                             | (No. and Str                                 | reet, City, a  | ZIP Code  |
| County of Residence of <b>Lake</b> Mailing Address of De  |  | •   |                                   | s:   | 60087  | Lal   | ke                              | of Joint Debt                                    |  |  |   |
| Location of Principal A   | `  |   |                                   | <u></u>  | ZIP Code   |   |                                 |  |  |  | ZIP Code  |
| (if different from street   | address abo  | ove):   |                                   |  |  |   |                                 |  |  |  |   |
| (Form of Organizat Individual (includes See Exhibit D on page Corporation (included Partnership) Other (If debtor is not check this box and state) Chapter Country of debtor's center   | s Joint Debto<br>2 of this form<br>les LLC and<br>at one of the a<br>te type of enti-<br>15 Debtors<br>of main inter-<br>foreign process | bors)  LLP)  bove entities, ity below.)  rests: | Sing in I Rail Stoc               | (Check Ith Care Bu tle Asset Re 1 U.S.C. § 1 O.S.C. § 1 oad Schbroker mmodity Bre tring Bank er  Tax-Exe (Check box or is a tax-ex | eal Estate as 101 (51B)  oker  mpt Entity , if applicable tempt organic                                  | s defined   | defined                         | the I<br>er 7<br>er 9<br>er 11<br>er 12          | Petition is Fi Cl of Cl of Cl of Cl of       | napter 15 P<br>a Foreign<br>napter 15 P<br>a Foreign<br>e of Debts<br>c one box) | Under Which one box)  Petition for Recognition Main Proceeding Petition for Recognition Nonmain Proceeding  Debts are primarily business debts. |
| I   | iling Fee (C   | heck one box                                    | Code                              | r Title 26 of<br>e (the Interna  | l Revenue Co   | ode).   | a perso                         | chap   | household pur                                | pose."   |   |
| ☐ Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  ☐ Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B. |  |   |                                   |  | Debtor is not<br>if:<br>Debtor's agg<br>are less than<br>all applicable<br>A plan is bein<br>Acceptances | a small busing regate nonco \$2,490,925 (each boxes: any filed with of the plan w | this petition.                  | defined in 11 United debts (exc<br>to adjustment | J.S.C. § 1010<br>Fluding debts<br>on 4/01/16 | *  |   |
| Statistical/Administra  ☐ Debtor estimates the Debtor estimates the there will be no fundamental.   | at funds will<br>at, after any   | l be available<br>exempt prop                   | erty is ex                        | cluded and   | administrat  |   | es paid,                        |  | THIS   | SPACE IS   | FOR COURT USE ONLY  |
| Estimated Number of C   | Creditors  100- 199  | 200-  | 1,000-<br>5,000                   | 5,001-<br>10,000   | 10,001-<br>25,000  | 25,001-<br>50,000   | 50,001-<br>100,000              | OVER 100,000                                     |  |  |   |
| Estimated Assets  | \$100,001 to<br>\$500,000  | \$500,001<br>to \$1                             | \$1,000,001<br>to \$10<br>million | \$10,000,001<br>to \$50<br>million   | \$50,000,001<br>to \$100<br>million  | \$100,000,001<br>to \$500<br>million  | \$500,000,001<br>to \$1 billion | More than<br>\$1 billion                         |  |  |   |
| Estimated Liabilities   | \$100,001 to<br>\$500,000  | \$500,001<br>to \$1                             | \$1,000,001<br>to \$10<br>million | \$10,000,001<br>to \$50<br>million   | \$50,000,001<br>to \$100<br>million  | \$100,000,001<br>to \$500<br>million  | \$500,000,001<br>to \$1 billion |  |  |  |   |

Case 15-40543 Doc 1 Filed 11/30/15 Entered 11/30/15 11:40:20 Desc Main

Document Page 2 of 45

**B1** (Official Form 1)(04/13) Page 2 Name of Debtor(s): Voluntary Petition Fortin, Mark R. Fortin, Rhea B. (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Case Number: Location Date Filed: Where Filed: - None -Date Filed: Location Case Number: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition.  $\mathbf{X}$  /s/ James T Magee, November 30, 2015 Signature of Attorney for Debtor(s) (Date) James T Magee, 1729446 Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ■ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

# B1 (Official Form 1)(04/13) Voluntary Petition

(This page must be completed and filed in every case)

## Name of Debtor(s):

Fortin, Mark R.

Fortin, Rhea B.

(Check only one box.)

## Signatures

#### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition

is true and correct, that I am the foreign representative of a debtor in a foreign

proceeding, and that I am authorized to file this petition.

Page 3

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

## X /s/ Mark R. Fortin

Signature of Debtor Mark R. Fortin

## X /s/ Rhea B. Fortin

Signature of Joint Debtor Rhea B. Fortin

Telephone Number (If not represented by attorney)

#### November 30, 2015

Date

## Signature of Attorney\*

### X /s/ James T Magee,

Signature of Attorney for Debtor(s)

#### <u>James T Magee, 1729446</u>

Printed Name of Attorney for Debtor(s)

### Magee, Negele & Associates, P.C.

Firm Name

444 North Cedar Lake Road Round Lake, IL 60073

Address

## Email: bankruptcy@mageenegele.com (847) 546-0055 Fax: (847) 546-8390

Telephone Number

#### November 30, 2015

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

## **Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

v

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

#### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

| - |  |  |
|---|--|--|
|   |  |  |
|   |  |  |

#### Date

Address

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

# Case 15-40543 Doc 1 Filed 11/30/15 Entered 11/30/15 11:40:20 Desc Main Document Page 4 of 45

B 1D (Official Form 1, Exhibit D) (12/09)

# **United States Bankruptcy Court Northern District of Illinois**

| _     | Mark R. Fortin |           |          |   |
|-------|----------------|-----------|----------|---|
| In re | Rhea B. Fortin |           | Case No. |   |
|       |                | Debtor(s) | Chapter  | 7 |

# EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

counseling agency approved by the United States trustee or bankruptcy administrator that outlined the

■ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit

| opportunities for available credit counseling and assisted me in performing a related budget analysis, and a certificate from the agency describing the services provided to me. Attach a copy of the certificate and of any debt repayment plan developed through the agency.   |      |
|--|------|
| 2. Within the 180 days <b>before the filing of my bankruptcy case</b> , I received a briefing from a counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but not have a certificate from the agency describing the services provided to me. <i>You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment pla developed through the agency no later than 14 days after your bankruptcy case is filed.</i> | I do |
| □ 3. I certify that I requested credit counseling services from an approved agency but was unable obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy now. [Summarize exigent circumstances here.]  |      |

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

# Case 15-40543 Doc 1 Filed 11/30/15 Entered 11/30/15 11:40:20 Desc Main Document Page 5 of 45

| B 1D (Official Form 1, Exhibit D) (12/09) - Cont.  | Page 2  |
|--|---|
| mental deficiency so as to be incapable of realizin financial responsibilities.);  □ Disability. (Defined in 11 U.S.C. § 109 | nination by the court.]  O(h)(4) as impaired by reason of mental illness or |
| ☐ Active military duty in a military comb  | at zone.  |
| ☐ 5. The United States trustee or bankruptcy admrequirement of 11 U.S.C. § 109(h) does not apply in this of                  | ninistrator has determined that the credit counseling district.             |
| I certify under penalty of perjury that the info   | rmation provided above is true and correct.                                 |
| 21811111111 01 2 001011  | Mark R. Fortin<br>k R. Fortin   |
| Date: November 30, 2015  |   |

# Case 15-40543 Doc 1 Filed 11/30/15 Entered 11/30/15 11:40:20 Desc Main Document Page 6 of 45

B 1D (Official Form 1, Exhibit D) (12/09)

# **United States Bankruptcy Court Northern District of Illinois**

| _     | Mark R. Fortin |           |          |   |
|-------|----------------|-----------|----------|---|
| In re | Rhea B. Fortin |           | Case No. |   |
|       |                | Debtor(s) | Chapter  | 7 |

# EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

counseling agency approved by the United States trustee or bankruptcy administrator that outlined the

■ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit

| opportunities for available credit counseling and assisted me in performing a related budget analysis, and I has a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.  |  |
|--|--|
| 2. Within the 180 days <b>before the filing of my bankruptcy case</b> , I received a briefing from a cre counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. <i>You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.</i> |  |
| □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy cas now. [Summarize exigent circumstances here.]   |  |

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

# Case 15-40543 Doc 1 Filed 11/30/15 Entered 11/30/15 11:40:20 Desc Main Document Page 7 of 45

| 1D (Official Form 1, Exhibit D) (12/09) - Cont.  Page   |
|---|
| □ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable tatement.] [Must be accompanied by a motion for determination by the court.] □ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.); □ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or |
| through the Internet.);   |
| ☐ Active military duty in a military combat zone.   |
| ☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling equirement of 11 U.S.C. § 109(h) does not apply in this district.  |
| I certify under penalty of perjury that the information provided above is true and correct.   |
| Signature of Debtor: /s/ Rhea B. Fortin Rhea B. Fortin  |
| Date: November 30, 2015   |

Case 15-40543 Doc 1 Filed 11/30/15 Entered 11/30/15 11:40:20 Desc Main Document Page 8 of 45

B6 Summary (Official Form 6 - Summary) (12/14)

# **United States Bankruptcy Court Northern District of Illinois**

| In re | Mark R. Fortin, |         | Case No |   |  |
|-------|-----------------|---------|---------|---|--|
|       | Rhea B. Fortin  |         |         |   |  |
|       |                 | Debtors | Chapter | 7 |  |
|       |                 |         | •       |   |  |

## **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE   | ATTACHED<br>(YES/NO) | NO. OF<br>SHEETS | ASSETS            | LIABILITIES | OTHER    |
|--|----------------------|------------------|-------------------|-------------|----------|
| A - Real Property  | Yes                  | 1                | 120,000.00        |             |          |
| B - Personal Property  | Yes                  | 4                | 32,740.00         |             |          |
| C - Property Claimed as Exempt   | Yes                  | 1                |                   |             |          |
| D - Creditors Holding Secured Claims   | Yes                  | 1                |                   | 375,027.00  |          |
| E - Creditors Holding Unsecured<br>Priority Claims (Total of Claims on Schedule E) | Yes                  | 1                |                   | 0.00        |          |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                              | Yes                  | 4                |                   | 11,220.40   |          |
| G - Executory Contracts and<br>Unexpired Leases                                    | Yes                  | 1                |                   |             |          |
| H - Codebtors  | Yes                  | 1                |                   |             |          |
| I - Current Income of Individual<br>Debtor(s)                                      | Yes                  | 2                |                   |             | 6,251.00 |
| J - Current Expenditures of Individual<br>Debtor(s)                                | Yes                  | 2                |                   |             | 7,039.00 |
| Total Number of Sheets of ALL Schedu   | ıles                 | 18               |                   |             |          |
|  | T                    | otal Assets      | 152,740.00        |             |          |
|  |                      |                  | Total Liabilities | 386,247.40  |          |

Case 15-40543 Doc 1 Filed 11/30/15 Entered 11/30/15 11:40:20 Desc Main Document Page 9 of 45

B 6 Summary (Official Form 6 - Summary) (12/14)

# **United States Bankruptcy Court Northern District of Illinois**

| In re | Mark R. Fortin, |         | Case No. |   |  |
|-------|-----------------|---------|----------|---|--|
|       | Rhea B. Fortin  |         |          |   |  |
| _     |                 | Debtors | Chapter  | 7 |  |

## STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C.  $\S$  159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability   | Amount |
|---|--------|
| Domestic Support Obligations (from Schedule E)  | 0.00   |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | 0.00   |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00   |
| Student Loan Obligations (from Schedule F)  | 0.00   |
| Domestic Support, Separation Agreement, and Divorce Decree<br>Obligations Not Reported on Schedule E                | 0.00   |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | 0.00   |
| TOTAL   | 0.00   |

### State the following:

| Average Income (from Schedule I, Line 12)  | 6,251.00 |
|--|----------|
| Average Expenses (from Schedule J, Line 22)  | 7,039.00 |
| Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14) | 8,134.00 |

#### State the following:

| Total from Schedule D, "UNSECURED PORTION, IF ANY" column                  |      | 230,027.00 |
|--|------|------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column             | 0.00 |            |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |      | 0.00       |
| 4. Total from Schedule F   |      | 11,220.40  |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |      | 241,247.40 |

Case 15-40543 Doc 1 Filed 11/30/15 Entered 11/30/15 11:40:20 Desc Main Document Page 10 of 45

B6A (Official Form 6A) (12/07)

| In re  | Mark R. Fortin, | Case No. |
|--------|-----------------|----------|
| III IE | Mark R. Forum,  | Case No. |
|        | Rhea B. Fortin  |          |

Debtors

## **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| Marital Residence<br>2834 Vercoe Avenue<br>Waukegan, Illinois | Joint Tenancy                              | J   | 120,000.00   | 337,979.00                 |
|---|--|---|--|----------------------------|
| Description and Location of Property                          | Nature of Debtor's<br>Interest in Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in<br>Property, without<br>Deducting any Secured<br>Claim or Exemption | Amount of<br>Secured Claim |

Sub-Total > **120,000.00** (Total of this page)

Total > 120,000.00

**0** continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

Case 15-40543 Doc 1 Filed 11/30/15 Entered 11/30/15 11:40:20 Desc Main Document Page 11 of 45

B6B (Official Form 6B) (12/07)

| In re | Mark R. Fortin, | Case No. |
|-------|-----------------|----------|
|       | Rhea B. Fortin  |          |

Debtors

## SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

|    | Type of Property   | N<br>O<br>N<br>E | Description and Location of Property                         | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|----|--|------------------|--|---|---|
| 1. | Cash on hand   | X                |  |   |   |
| 2. | Checking, savings or other financial accounts, certificates of deposit, or   |                  | Deposits of Money (Consumers Credit Union<br>Savings #5100)  | J   | 5.00  |
|    | shares in banks, savings and loan,<br>thrift, building and loan, and<br>homestead associations, or credit<br>unions, brokerage houses, or<br>cooperatives. |                  | Deposits of Money (Consumers Credit Union<br>Checking #5101) | J   | 500.00  |
| 3. | Security deposits with public utilities, telephone companies, landlords, and others.   | X                |  |   |   |
| 4. | Household goods and furnishings, including audio, video, and   |                  | Couch, Chairs and Television                                 | J   | 450.00  |
|    | computer equipment.  |                  | Bedroom Sets, Washer and Dryer                               | J   | 300.00  |
|    |  |                  | Diningroom Set and Kitchen Utensils                          | J   | 225.00  |
|    |  |                  | Stove, Refrigerator and Microwave                            | J   | 325.00  |
| 5. | Books, pictures and other art<br>objects, antiques, stamp, coin,<br>record, tape, compact disc, and<br>other collections or collectibles.                  | X                |  |   |   |
| 6. | Wearing apparel.   |                  | Wearing Apparel  | J   | 500.00  |
| 7. | Furs and jewelry.  |                  | Jewelry  | J   | 500.00  |
| 8. | Firearms and sports, photographic, and other hobby equipment.  |                  | Camera, VHS Camcorder, Home Computer and Printer             | J   | 400.00  |
| 9. | Interests in insurance policies.<br>Name insurance company of each<br>policy and itemize surrender or<br>refund value of each.                             | X                |  |   |   |
|    |  |                  |  | Sub-Tota                                    | al > 3,205.00   |

**<sup>3</sup>** continuation sheets attached to the Schedule of Personal Property

(Total of this page)

Case 15-40543 Doc 1 Filed 11/30/15 Entered 11/30/15 11:40:20 Desc Main Document Page 12 of 45

B6B (Official Form 6B) (12/07) - Cont.

| In re | Mark R. Fortin, |
|-------|-----------------|
|       | Rhea B Fortin   |

## Debtors

## **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

|     |   |                  | (Continuation Sheet)                 |   |  |
|-----|---|------------------|--------------------------------------|---|--|
|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property<br>without Deducting any<br>Secured Claim or Exemption |
| 10. | Annuities. Itemize and name each issuer.  | х                |                                      |   |  |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X                |                                      |   |  |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   | IMRF             |                                      | Н   | 1,535.00   |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize.   | X                |                                      |   |  |
| 14. | Interests in partnerships or joint ventures. Itemize.   | X                |                                      |   |  |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments.  | X                |                                      |   |  |
| 16. | Accounts receivable.  | X                |                                      |   |  |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.  | X                |                                      |   |  |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars.  | X                |                                      |   |  |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  | X                |                                      |   |  |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | X                |                                      |   |  |
|     |   |                  |                                      |   |  |
|     |   |                  | (T                                   | Sub-Tota                                    | al > 1,535.00  |

Sheet <u>1</u> of <u>3</u> continuation sheets attached to the Schedule of Personal Property

(Total of this page)

Case 15-40543 Doc 1 Filed 11/30/15 Entered 11/30/15 11:40:20 Desc Main Document Page 13 of 45

B6B (Official Form 6B) (12/07) - Cont.

| In re | Mark R. Fortin, |
|-------|-----------------|
|       | Rhea B Fortin   |

## Debtors

## **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

| Type of Property   | N<br>O<br>N<br>E | Description and Location of Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|--|------------------|--------------------------------------|---|---|
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.   | х                |                                      |   |   |
| 22. Patents, copyrights, and other intellectual property. Give particulars.  | X                |                                      |   |   |
| 23. Licenses, franchises, and other general intangibles. Give particulars.   | X                |                                      |   |   |
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. |                  |                                      |   |   |
| 25. Automobiles, trucks, trailers, and   | 2014             | Ford Explorer (35,000 miles)         | J   | 25,000.00   |
| other vehicles and accessories.  | 2001             | Pontiac Grand Prix (130,000 miles)   | J   | 3,000.00  |
| 26. Boats, motors, and accessories.  | X                |                                      |   |   |
| 27. Aircraft and accessories.  | x                |                                      |   |   |
| 28. Office equipment, furnishings, and supplies.   | x                |                                      |   |   |
| 29. Machinery, fixtures, equipment, and supplies used in business.   | X                |                                      |   |   |
| 30. Inventory.   | X                |                                      |   |   |
| 31. Animals.   | X                |                                      |   |   |
| 32. Crops - growing or harvested. Give particulars.  | X                |                                      |   |   |
| 33. Farming equipment and implements.  | X                |                                      |   |   |
| 34. Farm supplies, chemicals, and feed.  | X                |                                      |   |   |
|  |                  |                                      |   |   |
|  |                  |                                      | Sub-Total                                   | al > <b>28,000.00</b>   |

Sheet **2** of **3** continuation sheets attached to the Schedule of Personal Property

(Total of this page)

# Case 15-40543 Doc 1 Filed 11/30/15 Entered 11/30/15 11:40:20 Desc Main Document Page 14 of 45

B6B (Official Form 6B) (12/07) - Cont.

| In  | re Mark R. Fortin,<br>Rhea B. Fortin                             |                  | Ca   | se No                                       |   |
|-----|--|------------------|--|---|---|
|     |  | SCHEDU           | Debtors  LE B - PERSONAL PROPERT  (Continuation Sheet) | Y   |   |
|     | Type of Property   | N<br>O<br>N<br>E | Description and Location of Property                   | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
| 35. | Other personal property of any kind not already listed. Itemize. | х                |  |   |   |

| Sub-Total > 0.00 | | (Total of this page) | | Total > 32,740.00 | B6C (Official Form 6C) (4/13)

| In re | Mark R. Fortin, | Case No. |
|-------|-----------------|----------|
|       | Rhea B. Fortin  |          |

## Debtors

## SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| Debtor claims the exemptions to which debtor is entitled under: | ☐ Check if debtor claims a homestead exemption that exceeds                         |
|---|---|
| (Check one box)   | \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafte |
| □ 11 U.S.C. §522(b)(2)  | with respect to cases commenced on or after the date of adjustment.)                |
| 11 H G G 8500(1)(2)   |   |

| Description of Property  | Specify Law Providing<br>Each Exemption          | Value of<br>Claimed<br>Exemption | Current Value of<br>Property Without<br>Deducting Exemption |
|--|--|----------------------------------|---|
| Real Property Marital Residence 2834 Vercoe Avenue Waukegan, Illinois  | 735 ILCS 5/12-901                                | 30,000.00                        | 120,000.00  |
| Checking, Savings, or Other Financial Accounts, C<br>Deposits of Money (Consumers Credit Union<br>Savings #5100) | rertificates of Deposit<br>735 ILCS 5/12-1001(b) | 5.00                             | 5.00  |
| Deposits of Money (Consumers Credit Union Checking #5101)  | 735 ILCS 5/12-1001(b)                            | 500.00                           | 500.00  |
| Household Goods and Furnishings<br>Couch, Chairs and Television  | 735 ILCS 5/12-1001(b)                            | 450.00                           | 450.00  |
| Bedroom Sets, Washer and Dryer   | 735 ILCS 5/12-1001(b)                            | 300.00                           | 300.00  |
| Diningroom Set and Kitchen Utensils  | 735 ILCS 5/12-1001(b)                            | 225.00                           | 225.00  |
| Stove, Refrigerator and Microwave  | 735 ILCS 5/12-1001(b)                            | 325.00                           | 325.00  |
| Wearing Apparel Wearing Apparel  | 735 ILCS 5/12-1001(a)                            | 500.00                           | 500.00  |
| <u>Furs and Jewelry</u><br>Jewelry   | 735 ILCS 5/12-1001(b)                            | 500.00                           | 500.00  |
| Firearms and Sports, Photographic and Other Hob Camera, VHS Camcorder, Home Computer and Printer                 | <u>by Equipment</u><br>735 ILCS 5/12-1001(b)     | 400.00                           | 400.00  |
| Interests in IRA, ERISA, Keogh, or Other Pension of IMRF   | r Profit Sharing Plans<br>735 ILCS 5/12-1006     | 1,535.00                         | 1,535.00  |
| <u>Automobiles, Trucks, Trailers, and Other Vehicles</u> 2014 Ford Explorer (35,000 miles)                       | 735 ILCS 5/12-1001(c)                            | 0.00                             | 25,000.00   |
| 2001 Pontiac Grand Prix (130,000 miles)  | 735 ILCS 5/12-1001(c)                            | 3,000.00                         | 3,000.00  |

| Total: | 37.740.00 | 152.740.00 |
|--------|-----------|------------|

Case 15-40543 Doc 1 Filed 11/30/15 Entered 11/30/15 11:40:20 Desc Main Page 16 of 45 Document

B6D (Official Form 6D) (12/07)

| In re | Mark R. Fortin, |
|-------|-----------------|
|       | Rhea B. Fortin  |

Debtors

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | A<br>H | sband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGEN | ユーダンー        | DISPUTED | AMOUNT OF<br>CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
|--|-----------------|--------|--|-----------|--------------|----------|--|---------------------------------|
| Account No. xxxxx6216  |                 |        | Mortgage   |           | DATED        |          |  |                                 |
| Bank of America<br>1800 Tapo Canyon Road<br>Simi Valley, CA 93063                                    |                 | J      | Marital Residence<br>2834 Vercoe Avenue<br>Waukegan, Illinois  |           | D            |          |  |                                 |
|  |                 |        | Value \$ 120,000.00  |           |              |          | 259,605.00   | 139,605.00                      |
| Account No. xxxxxxx5101  |                 |        | Automobile Loan  |           |              |          |  |                                 |
| Consumers Credit Union<br>P. O. Box 9119<br>Waukegan, IL 60079                                       |                 | J      | 2014 Ford Explorer (35,000 miles)  |           |              |          |  |                                 |
|  |                 |        | Value \$ 25,000.00   | 1         |              |          | 37,048.00  | 12,048.00                       |
| Account No. xxxxxx1394   |                 |        | Second Mortgage  |           |              |          |  |                                 |
| Trinity Financial Services<br>2618 San Miguel Drive, #303<br>Newport Beach, CA 92660-5437            |                 | J      | Marital Residence<br>2834 Vercoe Avenue<br>Waukegan, Illinois  |           |              |          |  |                                 |
|  |                 |        | Value \$ 120,000.00  |           |              |          | 78,374.00  | 78,374.00                       |
| Account No.  |                 |        | Value \$   |           |              |          |  |                                 |
| continuation sheets attached   |                 | •      | (Total of t  | Subt      |              |          | 375,027.00   | 230,027.00                      |
|  |                 |        | (Report on Summary of So   | _         | `ota<br>lule | - I      | 375,027.00   | 230,027.00                      |

Case 15-40543 Doc 1 Filed 11/30/15 Entered 11/30/15 11:40:20 Desc Main Document Page 17 of 45

B6E (Official Form 6E) (4/13)

| In re | Mark R. Fortin, | Case No. |  |
|-------|-----------------|----------|--|
|       | Rhea B. Fortin  |          |  |
| -     |                 | Debtors  |  |

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

| ■ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.   |
|---|
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)   |
| Domestic support obligations  Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).   |
| ☐ Extensions of credit in an involuntary case   |
| Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of trustee or the order for relief. 11 U.S.C. § 507(a)(3).   |
| ☐ Wages, salaries, and commissions  |
| Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sale representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). |
| ☐ Contributions to employee benefit plans   |
| Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).   |
| ☐ Certain farmers and fishermen   |
| Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).  |
| ☐ Deposits by individuals   |
| Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).  |
| ☐ Taxes and certain other debts owed to governmental units  |
| Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).   |
| ☐ Commitments to maintain the capital of an insured depository institution  |
| Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federa Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).   |
| ☐ Claims for death or personal injury while debtor was intoxicated  |
| Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).  |

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Case 15-40543 Doc 1 Filed 11/30/15 Entered 11/30/15 11:40:20 Desc Main Document Page 18 of 45

B6F (Official Form 6F) (12/07)

| In re | Mark R. Fortin,<br>Rhea B. Fortin |         | Case No. |  |
|-------|-----------------------------------|---------|----------|--|
|       |                                   | Debtors | ,        |  |

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME,  | SO       | Hu      | sband, Wife, Joint, or Community  | Č         | Ü          | ٦  | ēΤ          |                 |
|---|----------|---------|---|-----------|------------|--|-------------|-----------------|
| MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | CODEBTOR | H & J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | COZHLZGEZ | UNLIQUIDAT | ֓֞֜֝֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֡֓֜֡֓֓֓֓֡֓֜֡֓֓֡֓֡֓֡֓֡֓֡֓֡֓֡֡֡֡֡ | U<br>T<br>F | AMOUNT OF CLAIM |
| Account No. xxxx0348  |          |         | Balance on Account  | Τ̈́       | Ť          |  |             |                 |
| Anesthesia Consultants Ltd.<br>34121 Eagle Way<br>Chicago, IL 60678-1341                  |          | J       |   |           | ED         |  |             | 59.40           |
| Account No. xx3710  |          |         | Balance on Account  | T         |            | t  | $\dagger$   |                 |
| Aurora Health Care<br>3301 West Forest Home Avenue<br>Milwaukee, WI 53215                 |          | J       |   |           |            |  |             | 103.58          |
| Account No. xxxx xxxx xxxx 9785   |          |         | Balance on Account  | T         |            | l  | $\dagger$   |                 |
| Capital One Bank<br>Attn: Bankruptcy<br>P. O. Box 30285<br>Salt Lake City, UT 84130       |          | Н       |   |           |            |  |             | 3,330.00        |
| Account No. xxxx xxxx xxxx 4586   |          |         | Balance on Account  | +         |            | L  | $\dashv$    |                 |
| Capital One Bank Attn: Bankruptcy P. O. Box 30285 Salt Lake City, UT 84130                |          | w       | -autor on Account   |           |            |  |             | 1,965.55        |
| _3 continuation sheets attached   |          |         | (Total of t   | Sub       |            |  | ,           | 5,458.53        |

Case 15-40543 Doc 1 Filed 11/30/15 Entered 11/30/15 11:40:20 Desc Main Document Page 19 of 45

B6F (Official Form 6F) (12/07) - Cont.

| In re | Mark R. Fortin, | Case No. |
|-------|-----------------|----------|
| _     | Rhea B. Fortin  |          |

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| CREDITOR'S NAME,  | Ç        | Hu               | sband, Wife, Joint, or Community  |               | Ç        | Ü           | D             |                 |
|---|----------|------------------|---|---------------|----------|-------------|---------------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)    | CODEBTOR | C<br>1<br>M<br>H | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAII<br>IS SUBJECT TO SETOFF, SO STATE. | 1             | ONTINGEN | ONL-QU-DATE | I S P U T E D | AMOUNT OF CLAIM |
| Account No. xxxx xxxx xxxx 7900   |          |                  | Balance on Account  |               | Т        | T<br>E<br>D |               |                 |
| Capital One Bank<br>Attn: Bankruptcy<br>P. O. Box 30285<br>Salt Lake City, UT 84130 |          | w                |   |               |          | D           |               | 823.92          |
| Account No. xxxx xxxx xxxx 6406   |          |                  | Balance on Account  |               |          |             |               |                 |
| Capital One Bank<br>Attn: Bankruptcy<br>P. O. Box 30285<br>Salt Lake City, UT 84130 |          | w                |   |               |          |             |               | 648.24          |
| Account No. xxxx xxxx xxxx 9118   | ╁        |                  | Balance on Account  |               |          |             |               | 040.24          |
| Capital One Bank<br>Attn: Bankruptcy<br>P. O. Box 30285<br>Salt Lake City, UT 84130 |          | w                |   |               |          |             |               | 55.64           |
| Account No. xxxxx0334   | ╁        |                  | Balance on Account  |               |          |             |               |                 |
| Comenity Bank/Avenue<br>P. O. Box 182789<br>Columbus, OH 43218                      |          | w                |   |               |          |             |               |                 |
| Account No. xxxx xxxx xxxx 5709   | +        |                  | Balance on Account  |               |          |             |               | 795.17          |
| Comenity Bank/Lane Bryant<br>4590 East Broad Street<br>Columbus, OH 43213           |          | w                |   |               |          |             |               | 202.35          |
| Sheet no1 of _3 sheets attached to Schedule o                                       | f        |                  |   |               | ubi      | oto         | 1             | 202.35          |
| Creditors Holding Unsecured Nonpriority Claims                                      | 1        |                  | (Tota   | Si<br>l of th |          | ota<br>pag  |               | 2,525.32        |

Case 15-40543 Doc 1 Filed 11/30/15 Entered 11/30/15 11:40:20 Desc Main Document Page 20 of 45

B6F (Official Form 6F) (12/07) - Cont.

| In re | Mark R. Fortin, | Case No. |
|-------|-----------------|----------|
| _     | Rhea B. Fortin  |          |

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|  | С       | Гни              | sband, Wife, Joint, or Community  | I c       | U           | D                          |                 |
|--|---------|------------------|---|-----------|-------------|----------------------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                            | ODEBTOR | H<br>W<br>J<br>C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONFLEGEN | DALLQULDAFE | I<br>S<br>P<br>U<br>T<br>F | AMOUNT OF CLAIM |
| Account No. xxxx xxxx xxxx 3428  |         |                  | Balance on Account  | T         | T<br>E<br>D |                            |                 |
| Comenity Bank/Torrid<br>Attention: Bankruptcy<br>P. O. Box 182125<br>Columbus, OH 43218                                      |         | w                |   |           |             |                            | 149.40          |
| Account No. xx3278   | t       |                  | Balance on Account  | +         | T           |                            |                 |
| Goshgarian Orthodontics, LLC<br>1400 North Western Avenue<br>Lake Forest, IL 60045-5404                                      |         | J                |   |           |             |                            |                 |
|  |         |                  |   |           |             |                            | 155.00          |
| Account No.  Northshore Univ Health-Hospital c/o Pinnacle Management Services 830 Roundabout, Suite B West Dundee, IL 60118  |         | J                | Balance on Account  |           |             |                            | 220.47          |
| Account No. xxxx3852   | t       |                  |   |           |             |                            |                 |
| NorthShore Univ HealthSystem<br>c/o Harris & Harris, Ltd.<br>111 West Jackson Blvd., #400<br>Chicago, IL 60604-4135          |         | J                |   |           |             |                            | 0.00            |
| Account No. xxxx9858   | t       |                  | Balance on Account  | +         | $\vdash$    |                            |                 |
| NorthShore Univ HealthSystem<br>c/o Van Ru Credit Corporation<br>1350 East Touhy Avenue, #300E<br>Des Plaines, IL 60018-3342 |         | J                |   |           |             |                            | 16.57           |
| Sheet no. <b>2</b> of <b>3</b> sheets attached to Schedule of  |         |                  |   | Sub       | tota        | ıl                         |                 |
| Creditors Holding Unsecured Nonpriority Claims   |         |                  | (Total of   | this      | pag         | ge)                        | 541.44          |

Case 15-40543 Doc 1 Filed 11/30/15 Entered 11/30/15 11:40:20 Desc Main Document Page 21 of 45

B6F (Official Form 6F) (12/07) - Cont.

| In re | Mark R. Fortin, | Case No. |
|-------|-----------------|----------|
|       | Rhea B. Fortin  |          |

## Debtors SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|  | 16      | Luc    | and and Mills Indian an Occasionality   | 10          | 1                | Ь         | 1               |
|--|---------|--------|---|-------------|------------------|-----------|-----------------|
| CREDITOR'S NAME,   | 000     |        | Isband, Wife, Joint, or Community   | ۱ğ.         | UNLI             | I D       |                 |
| MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER   | E B T O | J<br>H | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTING     | LODI             | S P U T E | AMOUNT OF CLAIM |
| (See instructions above.)  | R       | С      | is sobsect to setort, so state.   | G<br>E<br>N | Ď                | þ         |                 |
| Account No. xxxxx6716  |         |        | Balance on Account  | Ť           | D<br>A<br>T<br>E |           |                 |
| Northwestern Lake Forest Hospital<br>660 North Westmoreland Road<br>Lake Forest, IL 60045-1659               |         | J      |   |             | D                |           | 2 000 00        |
|  | ╀       |        | Dalaman Assault   | -           |                  | _         | 2,000.00        |
| Account No. xxx7506  | -       |        | Balance on Account  |             |                  |           |                 |
| Northwestern Medicine  |         | J      |   |             |                  |           |                 |
| 28155 Network Place<br>Chicago, IL 60673-1281  |         |        |   |             |                  |           |                 |
|  |         |        |   |             |                  |           | 202.25          |
|  | ┸       |        |   |             |                  |           | 206.35          |
| Account No. xxxxH000   | 4       |        | Balance on Account  |             |                  |           |                 |
| Stephen J. Clark MD, PC  |         |        |   |             |                  |           |                 |
| 3021 Falling Waters Blvd., S-A   |         | J      |   |             |                  |           |                 |
| Lindenhurst, IL 60046-6745   |         |        |   |             |                  |           |                 |
|  |         |        |   |             |                  |           | 182.74          |
| Account No. xxxx xxxx xxxx 2358  | ╁       |        | Balance on Account  |             |                  |           |                 |
| OVALOD/OFIND MV I  | 1       |        |   |             |                  |           |                 |
| SYNCB/GEMB/Walmart Attn: Bankruptcy  |         | W      |   |             |                  |           |                 |
| P. O. Box 103104   |         |        |   |             |                  |           |                 |
| Roswell, GA 30076  |         |        |   |             |                  |           |                 |
|  | ┸       |        |   |             |                  |           | 306.02          |
| Account No.  | -       |        |   |             |                  |           |                 |
|  |         |        |   |             |                  |           |                 |
|  |         |        |   |             |                  |           |                 |
|  |         |        |   |             |                  |           |                 |
|  |         |        |   |             |                  |           |                 |
|  |         |        |   | <u> </u>    |                  | <u>L</u>  |                 |
| Sheet no. <b>3</b> of <b>3</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |         |        |   | Sub         |                  |           | 2,695.11        |
| Creations riolating Onsecuted Monphority Claims  |         |        | (Total of   |             |                  |           |                 |
|  |         |        | (Report on Summary of So  |             | lota<br>Inle     |           | 11,220.40       |
|  |         |        | (Neport on Summary of S   | 110         | ıuı              | 0)        |                 |

Case 15-40543 Doc 1 Filed 11/30/15 Entered 11/30/15 11:40:20 Desc Main Document Page 22 of 45

B6G (Official Form 6G) (12/07)

| In re | Mark R. Fortin, | Case No. |
|-------|-----------------|----------|
|       | Rhea B. Fortin  |          |

Debtors

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. Case 15-40543 Doc 1 Filed 11/30/15 Entered 11/30/15 11:40:20 Desc Main Document Page 23 of 45

B6H (Official Form 6H) (12/07)

| In re | Mark R. Fortin, | Case No. |
|-------|-----------------|----------|
|       | Rhea B. Fortin  |          |

**Debtors** 

## **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

# Case 15-40543 Doc 1 Filed 11/30/15 Entered 11/30/15 11:40:20 Desc Main Document Page 24 of 45

| Fill               | in this information to identify                                 | von case.  |  |                          |               |                                  |   |                              |                   |  |
|--------------------|---|--|--|--------------------------|---------------|----------------------------------|---|------------------------------|-------------------|--|
|                    |   | R. Fortin  |  |                          |               |                                  |   |                              |                   |  |
|                    |   | 3. Fortin  |  |                          |               |                                  |   |                              |                   |  |
| Uni                | ted States Bankruptcy Court                                     | for the: NORTHERN DISTRIC  | CT OF ILLINOIS                                     |                          |               |                                  |   |                              |                   |  |
|                    | se number<br>lown)  |  | _  |                          | ☐ An          | if this is:<br>amende<br>uppleme | ed filing   | ng post-petitio              | n chapter         |  |
| $\bigcirc$         | fficial Form B 6I   |  |  |                          | 13            | income                           | as of the f   | ollowing date                |                   |  |
|                    | chedule I: Your   | Incomo   |  |                          | MM            | 1 / DD/ Y                        | YYY   |                              | 12/13             |  |
| sup<br>spo<br>atta | plying correct information.<br>use. If you are separated ar     | is possible. If two married peous file you are married and not file and your spouse is not filing we form. On the top of any addit | ing jointly, and your s<br>/ith you, do not includ | pouse is l<br>le informa | iving with y  | ou, inc                          | lude infor<br>ouse. If m                            | mation about<br>ore space is | t your<br>needed, |  |
| 1.                 | Fill in your employment   |  | D.1.   |                          |               |                                  |   |                              |                   |  |
|                    | information.  |  | Debtor 1   |                          |               | _                                |   | iling spouse                 |                   |  |
|                    | If you have more than one attach a separate page with           | Employment status  | ■ Employed   |                          |               |                                  | <ul><li>■ Employed</li><li>□ Not employed</li></ul> |                              |                   |  |
|                    | information about additiona<br>employers.                       | Occupation   | ☐ Not employed                                     |                          |               |                                  |   | Secretary                    |                   |  |
|                    | Include part-time, seasonal self-employed work.                 | •  | Maintenance City of Waukegar                       | n                        |               |                                  | nd Park I   | Hospital                     |                   |  |
|                    | Occupation may include stu<br>or homemaker, if it applies.      | udent Employer's address   | Waukegan, Illino                                   |                          |               |                                  | nd Park,  | -                            |                   |  |
|                    |   | How long employed t  | there? 16 years                                    |                          |               | _2                               | g years   |                              |                   |  |
| Par                | Give Details About  | ut Monthly Income  |  |                          |               |                                  |   |                              |                   |  |
|                    | mate monthly income as of<br>use unless you are separated       | f the date you file this form. If<br>i.  | you have nothing to re                             | port for an              | y line, write | \$0 in the                       | e space. Ir   | nclude your no               | on-filing         |  |
|                    | u or your non-filing spouse he<br>e space, attach a separate sh | ave more than one employer, cheet to this form.  | combine the information                            | for all em               | ployers for t | hat pers                         | on on the   | lines below. It              | you need          |  |
|                    |   |  |  |                          | For Debt      | or 1                             |   | btor 2 or<br>ing spouse      |                   |  |
| 2.                 |   | s, salary, and commissions (boothly, calculate what the month  |  | 2.                       | 5,2           | 94.00                            | \$  | 2,840.00                     |                   |  |
| 3.                 | Estimate and list monthly                                       | overtime pay.  |  | 3. +9                    | \$            | 0.00                             | +\$   | 0.00                         |                   |  |
| 4.                 | Calculate gross Income.   | Add line 2 + line 3.   |  | 4.                       | 5,294         | 1.00                             | \$  | 2,840.00                     |                   |  |

## Case 15-40543 Doc 1 Filed 11/30/15 Entered 11/30/15 11:40:20 Desc Main Document Page 25 of 45

Mark R. Fortin Debtor 1 Debtor 2 Rhea B. Fortin Case number (if known) For Debtor 2 or For Debtor 1 non-filing spouse Copy line 4 here 5.294.00 2.840.00 List all payroll deductions: Tax, Medicare, and Social Security deductions 5a. 1,220.00 500.00 Mandatory contributions for retirement plans 5b. 5b. 100.00 0.00 5c. Voluntary contributions for retirement plans 5c. 0.00 0.00 Required repayments of retirement fund loans 5d. 5d. 0.00 0.00 5e. Insurance 5e. 63.00 0.00 5f. **Domestic support obligations** 5f. 0.00 0.00 5g. **Union dues** 5g. \$ \$ 0.00 0.00 5h. Other deductions. Specify: 5h.+ 0.00 0.00 Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. 1,383.00 500.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 3,911.00 2,340.00 8. List all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. \$ 0.00 0.00 8h Interest and dividends 8h \$ 0.00 0.00 Family support payments that you, a non-filing spouse, or a dependent 8c. regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. 0.00 0.00 8d. **Unemployment compensation** 8d. \$ 0.00 0.00 **Social Security** 8e. 8e. 0.00 0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8f. 0.00 0.00 Specify: 8g. 8g. Pension or retirement income \$ 0.00 \$ 0.00 Other monthly income. Specify: 8h.+ \$ 0.00 \$ 0.00 Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. 0.00 0.00 Calculate monthly income. Add line 7 + line 9. 10. \$ 3.911.00 \$ 2.340.00 \$ 6.251.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it 6,251.00 12. \$ applies Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? No. Yes. Explain: Income varies but based on six month average. 

# Case 15-40543 Doc 1 Filed 11/30/15 Entered 11/30/15 11:40:20 Desc Main Document Page 26 of 45

| Fill              | in this informa                                | ation to identify yo                                   | our case:                            |   |  |                                  |   |   |
|-------------------|--|--|--------------------------------------|---|--|----------------------------------|---|---|
|                   | otor 1   | Mark R. Fort   |                                      |   |  | Che                              | ck if this is:                          |   |
|                   |  | Wark IV. 1 Oft   |                                      |   |  |                                  | An amended filing                       |   |
|                   | otor 2   | Rhea B. Fort   | in                                   |   |  |                                  |   | wing post-petition chapter                          |
| (Spo              | ouse, if filing)                               |  |                                      |   |  |                                  | 13 expenses as of                       | the following date:                                 |
| Unit              | ed States Bankr                                | ruptcy Court for the:                                  | NORT                                 | HERN DISTRICT OF ILLIN                                  | IOIS   |                                  | MM / DD / YYYY                          |   |
| 1                 | e number                                       |  |                                      |   |  |                                  |   | or Debtor 2 because Debto                           |
| (If k             | nown)  |  |                                      |   |  |                                  | 2 maintains a sepa                      | arate household                                     |
| O                 | fficial Fo                                     | orm B 6J   |                                      |   |  |                                  |   |   |
| S                 | chedule  | J: Your  | Expe                                 | nses  |  |                                  |   | 12/1:   |
| Be<br>info<br>nur | as complete<br>ormation. If m<br>mber (if know | and accurate as<br>nore space is ne<br>n). Answer ever | possible<br>eded, att<br>ry question | e. If two married people a<br>ach another sheet to this |  |                                  |   |   |
| Par<br>1.         | t 1: Desci                                     | ribe Your House<br>nt case?                            | hold                                 |   |  |                                  |   |   |
|                   |  | to line 2.   |                                      |   |  |                                  |   |   |
|                   | _  |  | e in a sei                           | parate household?                                       |  |                                  |   |   |
|                   |  |  |                                      |   |  |                                  |   |   |
|                   |  | No<br>Yes. Debtor 2 mi                                 | ust file a s                         | eparate Schedule J.                                     |  |                                  |   |   |
| 2.                | Do you hav                                     | e dependents?  | □ No                                 |   |  |                                  |   |   |
|                   | Do not list D<br>and Debtor 2                  |  | ■<br>Yes.                            | Fill out this information for each dependent            | Dependent's relation Debtor 1 or Debtor            |                                  | Dependent's age                         | Does dependent live with you?                       |
|                   | Do not state dependents'                       |  |                                      |   | daughter   |                                  | 11                                      | □ No<br>■ Yes                                       |
|                   | asponas.ne                                     | ao.  |                                      |   |  |                                  | _                                       | □ No  |
|                   |  |  |                                      |   | daughter   |                                  | _ <u>17</u>                             | Yes   |
|                   |  |  |                                      |   |  |                                  |   | □ No  |
|                   |  |  |                                      |   |  |                                  | _                                       | ☐ Yes<br>☐ No                                       |
|                   |  |  |                                      |   |  |                                  |   | ☐ Yes   |
| 3.                | expenses o                                     | penses include<br>of people other t<br>d your depende  |                                      | No<br>Yes   |  |                                  |   | _   |
| Par               | t 2: Estim                                     | nate Your Ongoi  | na Month                             | lly Expenses  |  |                                  |   |   |
| Est               | imate your ex                                  | xpenses as of you                                      | our bankı                            | ruptcy filing date unless y                             | you are using this fo<br>plemental <i>Schedule</i> | orm as a s<br>e <i>J</i> , check | upplement in a Ch<br>the box at the top | apter 13 case to report of the form and fill in the |
| the               | value of suc                                   | h assistance an  |                                      | government assistance cluded it on <i>Schedule I</i> :  |  |                                  | Your exp                                | 0000  |
| (Ot               | ficial Form 6I                                 | 1.)  |                                      |   |  |                                  | Tour exp                                | elises  |
| 4.                |  | or home owners<br>nd any rent for th                   |                                      | nses for your residence.<br>or lot.                     | Include first mortgag                              | e<br>4.                          | \$                                      | 1,780.00  |
|                   | If not include                                 | ded in line 4:   |                                      |   |  |                                  |   |   |
|                   | 4a. Real                                       | estate taxes   |                                      |   |  | 4a.                              | \$                                      | 0.00  |
|                   | •  | erty, homeowner's                                      |                                      |   |  | 4b.                              | ·                                       | 0.00  |
|                   |  | e maintenance, re<br>eowner's associat                 |                                      | upkeep expenses   |  | 4c.<br>4d.                       |   | 0.00  |
| 5.                |  |  |                                      | our residence, such as ho                               | ome equity loans                                   | 4a.<br>5.                        | ·                                       | 0.00<br>505.00                                      |

# Case 15-40543 Doc 1 Filed 11/30/15 Entered 11/30/15 11:40:20 Desc Main Document Page 27 of 45

|     | tor 1<br>tor 2 | Mark R. I<br>Rhea B. |   | Case num     | ber (if known) |                              |
|-----|----------------|----------------------|---|--------------|----------------|------------------------------|
| 6.  | Utilit         | ies:                 |   |              |                |                              |
|     | 6a.            | Electricity,         | heat, natural gas   | 6a.          |                | 300.00                       |
|     | 6b.            | Water, sev           | ver, garbage collection   | 6b.          | \$             | 50.00                        |
|     | 6c.            | Telephone            | , cell phone, Internet, satellite, and cable services   | 6c.          | \$             | 220.00                       |
|     | 6d.            | Other. Spe           | ecify: Cell Phone   | 6d.          | \$             | 255.00                       |
|     |                | <b>ADT Hon</b>       | ne Security   |              | \$             | 54.00                        |
| 7.  | Food           | and house            | ekeeping supplies   |              | \$             | 900.00                       |
| 8.  | Child          | care and c           | hildren's education costs   | 8.           | \$             | 25.00                        |
| 9.  | Cloth          | ning, laund          | ry, and dry cleaning  | 9.           | \$             | 175.00                       |
| 10. | Pers           | onal care p          | roducts and services  | 10.          | \$             | 150.00                       |
| 11. | Medi           | cal and de           | ntal expenses   | 11.          | \$             | 300.00                       |
| 12. |                |                      | Include gas, maintenance, bus or train fare.  |              |                |                              |
|     |                |                      | ar payments.  | 12.          | ·              | 800.00                       |
|     |                |                      | clubs, recreation, newspapers, magazines, and books   | 13.          |                | 100.00                       |
| 14. | Char           | itable cont          | ributions and religious donations   | 14.          | \$             | 0.00                         |
| 15. |                | rance.               |   |              |                |                              |
|     |                |                      | surance deducted from your pay or included in lines 4 or 20.  |              |                |                              |
|     |                | Life insura          |   | 15a.         | ·              | 359.00                       |
|     |                | Health ins           |   | 15b.         | ·              | 0.00                         |
|     |                | Vehicle ins          |   | 15c.         |                | 181.00                       |
|     |                |                      | rance. Specify:   | 15d.         | \$             | 0.00                         |
|     | Spec           | ify:                 | clude taxes deducted from your pay or included in lines 4 or 20.  | 16.          | \$             | 0.00                         |
| 17. |                |                      | ease payments:  | 47-          | Φ.             |                              |
|     |                | . ,                  | ents for Vehicle 1  | 17a.         | ·              | 685.00                       |
|     |                |                      | ents for Vehicle 2  | 17b.         | ·              | 0.00                         |
|     |                |                      | ecify: Bankruptcy Attorneys Fees  | 17c.         | ·              | 200.00                       |
|     |                | Other. Spe           | *   | 17d.         | \$             | 0.00                         |
| 18. |                |                      | of alimony, maintenance, and support that you did not report as your pay on line 5, Schedule I, Your Income (Official Form 6I).   | 18.          | \$             | 0.00                         |
| 10  | Otho           | r navments           | s you make to support others who do not live with you.  |              | \$             | 0.00                         |
| 10. | Spec           |                      | you make to support others who do not live with you.  | 19.          | Ψ              | 0.00                         |
| 20  | •              | ·                    | erty expenses not included in lines 4 or 5 of this form or on Sche  |              | our Income     |                              |
| 20. |                |                      | on other property   | 20a.         |                | 0.00                         |
|     |                | Real estat           | · · · ·   | 20b.         | ·              | 0.00                         |
|     |                |                      | nomeowner's, or renter's insurance  | 20c.         | ·              | 0.00                         |
|     |                |                      | ce, repair, and upkeep expenses   | 20d.         |                | 0.00                         |
|     |                |                      | er's association or condominium dues  | 20a.<br>20e. |                | 0.00                         |
| 21  |                | r: Specify:          | of a association of condominant dues  | 21.          | ·              | 0.00                         |
| ۷۱. | Othe           | i. Specify.          |   |              | -φ             | 0.00                         |
| 22. | Your           | monthly e            | xpenses. Add lines 4 through 21.  | 22.          | \$             | 7,039.00                     |
|     | The r          | esult is you         | r monthly expenses.   |              |                | ·                            |
| 23. | Calc           | ulate your ı         | nonthly net income.   |              |                |                              |
|     | 23a.           | Copy line            | 12 (your combined monthly income) from Schedule I.  | 23a.         | \$             | 6,251.00                     |
|     | 23b.           | Copy your            | monthly expenses from line 22 above.  | 23b.         | -\$            | 7,039.00                     |
|     |                |                      | • •   |              |                |                              |
|     | 23c.           |                      | our monthly expenses from your monthly income. is your <i>monthly net income</i> .  | 23c.         | \$             | -788.00                      |
| 24. | For ex         | kample, do yo        | In increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect your neerms of your mortgage? |              |                | ase or decrease because of a |
|     |                | No.                  |   |              |                |                              |
|     | ☐ \<br>Expla   | Yes.<br>ain:         |   |              |                |                              |

Case 15-40543 Doc 1 Filed 11/30/15 Entered 11/30/15 11:40:20 Desc Main Document Page 28 of 45

**B6 Declaration (Official Form 6 - Declaration).** (12/07)

## **United States Bankruptcy Court** Northern District of Illinois

| In re | Mark R. Fortin<br>Rhea B. Fortin   | Case No.     |                          |          |      |
|-------|--|--------------|--------------------------|----------|------|
|       |  |              | Debtor(s)                | Chapter  | 7    |
|       |  |              |                          |          |      |
|       | DECLARATION  | CONCERN      | ING DEBTOR'S SO          | CHEDUL   | ES   |
|       | DECLARATION UNDE   | ER PENALTY ( | OF PERJURY BY INDIV      | DUAL DEI | BTOR |
|       | I declare under penalty of perjur of <b>20</b> sheets, and that they are true as |              |                          |          |      |
| Date  | November 30, 2015  | Signature    | /s/ Mark R. Fortin       |          |      |
|       |  |              | Mark R. Fortin<br>Debtor |          |      |
| Date  | November 30, 2015  | Signature    | /s/ Rhea B. Fortin       |          |      |
|       |  |              | Rhea B. Fortin           |          |      |
|       |  |              | Joint Debtor             |          |      |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

Case 15-40543 Doc 1 Filed 11/30/15 Entered 11/30/15 11:40:20 Desc Main Document Page 29 of 45

B7 (Official Form 7) (04/13)

## United States Bankruptcy Court Northern District of Illinois

| In re | Mark R. Fortin<br>Rhea B. Fortin |           | Case No. |   |
|-------|----------------------------------|-----------|----------|---|
|       |                                  | Debtor(s) | Chapter  | 7 |

## STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

### 1. Income from employment or operation of business

| IN | OI | ıe |
|----|----|----|
| Г  | ٦  |    |

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| \$59,377.00 | 2015 YTD: Husband Employment Income |
|-------------|-------------------------------------|
| \$63,254.00 | 2014: Husband Employment Income     |
| \$59,669.00 | 2013: Husband Employment Income     |
| \$27,607.00 | 2015 YTD: Wife Employment Income    |
| \$27,752.00 | 2014: Wife Employment Income        |
| \$12,635.00 | 2013: Wife Employment Income        |

COLIDOR

AMOUNT

Case 15-40543 Doc 1 Filed 11/30/15 Entered 11/30/15 11:40:20 Desc Main Document Page 30 of 45

|        |  | Document 1 age 30 of  | 45  |  |
|--------|--|---|---|--|
|        | al Form 7) (04/13)   |   |   |  |
| 2      | 2. Income other than from en   | mployment or operation of business  |   |  |
| None   | during the <b>two years</b> immediate each spouse separately. (Marr  | exceived by the debtor other than from employment ately preceding the commencement of this case. Gived debtors filing under chapter 12 or chapter 13 rouses are separated and a joint petition is not filed.  | ive particulars. If a joint petition is must state income for each spouse v   | filed, state income for  |
|        | AMOUNT<br><b>\$0.00</b>  | SOURCE  |   |  |
|        | \$7,775.00   | 2013: Unemployment Compensat  | tion - Joint Debtor   |  |
|        | 3. Payments to creditors   |   |   |  |
| None   | Complete a. or b., as appropr  | riate, and c.   |   |  |
|        | services, and other debts to an<br>aggregate value of all property<br>payments that were made to a<br>a plan by an approved nonpro | r(s) with primarily consumer debts: List all paym<br>ny creditor made within <b>90 days</b> immediately precedure that constitutes or is affected by such transfer is a creditor on account of a domestic support obligation of the both spouses whether or not a joint petition is file                                  | eding the commencement of this calless than \$600. Indicate with an astion or as part of an alternative repaired debtors filing under chapter 12            | ase unless the<br>terisk (*) any<br>syment schedule unde<br>or chapter 13 must |
| OF     | AND ADDRESS<br>CREDITOR<br>t monthly mortgage & car pa   | DATES OF<br>PAYMENTS<br>ayments.  | AMOUNT PAID<br><b>\$0.00</b>  | AMOUNT STILL<br>OWING<br>\$0.00  |
| None   | immediately preceding the contransfer is less than \$6,225*. I account of a domestic support budgeting and credit counseling       | not primarily consumer debts: List each payment of mmencement of the case unless the aggregate valual of the debtor is an individual, indicate with an aste to obligation or as part of an alternative repayment of a gency. (Married debtors filing under chapter buses whether or not a joint petition is filed, unless | te of all property that constitutes or<br>risk (*) any payments that were man<br>schedule under a plan by an approven<br>12 or chapter 13 must include paym | is affected by such ade to a creditor on wed nonprofit ments and other         |
| NAME A | AND ADDRESS OF CREDITOR  | DATES OF PAYMENTS/ R TRANSFERS  | AMOUNT<br>PAID OR<br>VALUE OF<br>TRANSFERS  | AMOUNT STILL<br>OWING  |
| None   | creditors who are or were insi-  | nents made within <b>one year</b> immediately preceding ders. (Married debtors filing under chapter 12 or of the petition is filed, unless the spouses are separated  | chapter 13 must include payments b  |  |
|        | AND ADDRESS OF CREDITOR<br>RELATIONSHIP TO DEBTOR  | DAME OF DAMACHM   | AMOUNT PAID   | AMOUNT STILL<br>OWING  |

## 4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT
AND CASE NUMBER
PROCEEDING
Bank of America v. Fortin
Case No. 12 CH 2810

NATURE OF
PROCEEDING
PROCEEDING
AND LOCATION
COURT OR AGENCY
AND LOCATION
DISPOSITION
Circuit Court of Lake County, Illinois
Dismissed
Dismissed

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

# Case 15-40543 Doc 1 Filed 11/30/15 Entered 11/30/15 11:40:20 Desc Main Document Page 31 of 45

B7 (Official Form 7) (04/13)

3

None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

#### 5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

### 6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

## Case 15-40543 Doc 1 Filed 11/30/15 Entered 11/30/15 11:40:20 Desc Main Document Page 32 of 45

B7 (Official Form 7) (04/13)

4

### 9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

Magee, Negele & Associates, P.C. 444 North Cedar Lake Road Round Lake, IL 60073

DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY
\$1,200.00

### 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

IN PROPERTY

#### 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

## 12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

#### 13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

## Case 15-40543 Doc 1 Filed 11/30/15 Entered 11/30/15 11:40:20 Desc Main Document Page 33 of 45

B7 (Official Form 7) (04/13)

5

## 14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

#### 15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

#### 16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL

SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the

the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

## Case 15-40543 Doc 1 Filed 11/30/15 Entered 11/30/15 11:40:20 Desc Main Document Page 34 of 45

B7 (Official Form 7) (04/13)

6

### 18. Nature, location and name of business

None

a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN ADDRESS

SS NATURE OF BUSINESS

**BEGINNING AND** 

**ENDING DATES** 

None b Identify any business listed in response to sub-

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

#### 19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

## NAME AND ADDRESS

DATES SERVICES RENDERED

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME ADDRESS

DATES SERVICES RENDERED

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

Case 15-40543 Doc 1 Filed 11/30/15 Entered 11/30/15 11:40:20 Desc Main Document Page 35 of 45

B7 (Official Form 7) (04/13)

7

#### 20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory,

and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY

(Specify cost, market or other basis)

None

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS NATURE OF INTEREST PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns,

controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME ADDRESS

DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

#### 23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

### 24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

## Case 15-40543 Doc 1 Filed 11/30/15 Entered 11/30/15 11:40:20 Desc Main Document Page 36 of 45

B7 (Official Form 7) (04/13)

8

### 25. Pension Funds.

None If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

\*\*\*\*\*

## DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date November 30, 2015

Signature /s/ Mark R. Fortin
Mark R. Fortin
Debtor

Date November 30, 2015

Signature /s/ Rhea B. Fortin
Rhea B. Fortin
Joint Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

Case 15-40543 Doc 1 Filed 11/30/15 Entered 11/30/15 11:40:20 Desc Main Document Page 37 of 45

B8 (Form 8) (12/08)

# **United States Bankruptcy Court Northern District of Illinois**

| In re | Mark R. Fortin<br>Rhea B. Fortin           |                               | Case No.               |                          |
|-------|--|-------------------------------|------------------------|--------------------------|
|       |  | Debtor(s)                     | — Chapter              | 7                        |
|       | CHAPTER 7 INDIVIDUA                        | AL DEBTOR'S STATEMEN          | NT OF INTEN            | TION                     |
| PART  | A - Debts secured by property of the estat | re (Part A must be fully comr | oleted for <b>EACI</b> | debt which is secured by |

property of the estate. Attach additional pages if necessary.) Property No. 1 **Creditor's Name: Describe Property Securing Debt: Bank of America** Marital Residence 2834 Vercoe Avenue Waukegan, Illinois Property will be (check one): □ Surrendered Retained If retaining the property, I intend to (check at least one): ☐ Redeem the property ☐ Reaffirm the debt ■ Other. Explain Retain - Keep Current (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): Claimed as Exempt □ Not claimed as exempt Property No. 2 **Creditor's Name: Describe Property Securing Debt: Consumers Credit Union** 2014 Ford Explorer (35,000 miles) Property will be (check one): □ Surrendered Retained If retaining the property, I intend to (check at least one): ☐ Redeem the property ■ Reaffirm the debt ☐ Other. Explain \_\_\_\_\_ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one):

□ Not claimed as exempt

Claimed as Exempt

# Case 15-40543 Doc 1 Filed 11/30/15 Entered 11/30/15 11:40:20 Desc Main Document Page 38 of 45

| B8 (Form 8) (12/08)   |   |   |                 | Page 2                           |
|---|---|---|-----------------|----------------------------------|
| Property No. 3  |   |   |                 |                                  |
| Creditor's Name:<br>Trinity Financial Services  |   | Describe Property S<br>Marital Residence<br>2834 Vercoe Avenu<br>Waukegan, Illinois |                 |                                  |
| Property will be (check one):   |   |   |                 |                                  |
| ☐ Surrendered   | Retained                                | I   |                 |                                  |
| If retaining the property, I intend to (check  ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain Retain - Keep C |   | avoid lien using 11 U.S   | S.C. § 522(f)). |                                  |
| Property is (check one):  |   |   |                 |                                  |
| ■ Claimed as Exempt   |   | ☐ Not claimed as e  | xempt           |                                  |
| Attach additional pages if necessary.)  Property No. 1  | D 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |   |                 |                                  |
| Lessor's Name: -NONE-   | Describe Leased Pr                      | roperty:  | U.S.C. § 365(   |                                  |
| I declare under penalty of perjury that the personal property subject to an unexpire                                      |   | intention as to any p   | □ YES           | □ NO state securing a debt and/o |
| Date November 30, 2015  | Signature                               | /s/ Mark R. Fortin Mark R. Fortin Debtor  |                 |                                  |
| Date November 30, 2015  | Signature                               | /s/ Rhea B. Fortin Rhea B. Fortin Joint Debtor                                      |                 |                                  |

Case 15-40543 Doc 1 Filed 11/30/15 Entered 11/30/15 11:40:20 Desc Main Document Page 39 of 45

## United States Bankruptcy Court Northern District of Illinois

| In re                       | Mark R. Fortii<br>Rhea B. Forti  |  |  |  | Case No.  |   |   |
|-----------------------------|--|--|--|--|---|---|---|
|                             |  |  |  | Debtor(s)  | Chapter   | 7   |   |
|                             | DIS  | SCLOSURE C   | OF COMPENS   | ATION OF ATTOR   | NEY FOR D   | EBTOR(S)  |   |
| C                           | ompensation paid t   | o me within one ye   | ar before the filing o   | b), I certify that I am the attor<br>of the petition in bankruptcy, or<br>or in connection with the bank   | or agreed to be paid  | d to me, for services re-   |   |
|                             | For legal service  | es, I have agreed to   | accept   |  | \$  | 2,000.00  |   |
|                             |  |  |  |  |   | 812.00  |   |
|                             | Balance Due  |  |  |  | \$  | 1,188.00  |   |
| 2. \$                       |  | e filing fee has beer  | ı paid.  |  |   |   |   |
| 3. T                        | he source of the co  | mpensation paid to   | me was:  |  |   |   |   |
|                             |  | Debtor   |  | Other (specify):   |   |   |   |
| 4. T                        | he source of compo   | ensation to be paid  | to me is:  |  |   |   |   |
|                             |  | Debtor   |  | Other (specify):   |   |   |   |
| 6. I<br>a.<br>b.<br>c.<br>d | copy of the agreen return for the about Analysis of the decrease.  Analysis of the decrease are representation of the provision of the provisi | ement, together with ove-disclosed fee, I debtor's financial sit filing of any petition of the debtor at the ris as needed ons with secured tion agreements and of balance during the debtor(s), the above the debtor(s), the above of secure to the debtor(s), the above of the debtor(s), the debtor(s), the above | h a list of the names have agreed to render uation, and rendering n, schedules, statementeeting of creditors and d creditors to reditand applications ue, representation gs thereof.  ove-disclosed fee do | on with a person or persons who of the people sharing in the certification and confirmation hearing, and uce to market value; exert as needed; Upon confirmation of the Debtor at the means of the person of the following the same of the following the person of the perso | compensation is att<br>of the bankruptcy<br>rmining whether to<br>may be required;<br>d any adjourned he<br>mption planning<br>mation of written<br>eting of creditor<br>service: | ached.  case, including:  file a petition in bank arings thereof; g; preparation and f n Post-Petition Fee s and confirmation | ruptcy;<br>illing of<br>Agreement<br>hearing, |
|                             |  | tation of the deb<br>adversary proce   | eeding.  | argeability actions, judic   | ial lien avoidan  | ces, relief from stay   | actions or                                    |
|                             |  |  | (  | CERTIFICATION  |   |   |   |
|                             | certify that the fore<br>inkruptcy proceeding  |  | e statement of any ag  | greement or arrangement for p  | payment to me for i   | representation of the de  | ebtor(s) in                                   |
| Dated:                      | November 30  | ), 2015  |  | /s/ James T Mage   |   |   |   |
|                             |  |  |  | James T Magee, 1<br>Magee, Negele & A<br>444 North Cedar L<br>Round Lake, IL 60<br>(847) 546-0055 Fa<br>bankruptcy@mage  | Associates, P.C.<br>ake Road<br>073<br>ax: (847) 546-839  |   | _   |

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

# NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

## 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

## 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

# <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

## Case 15-40543 Doc 1 Filed 11/30/15 Entered 11/30/15 11:40:20 Desc Main Document Page 41 of 45

Form B 201A, Notice to Consumer Debtor(s)

Page 2

a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

## Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

## Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

## 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

Case 15-40543 Doc 1 Filed 11/30/15 Entered 11/30/15 11:40:20 Desc Main Document Page 42 of 45

B 201B (Form 201B) (12/09)

Case No. (if known)

## **United States Bankruptcy Court** Northern District of Illinois

| In re   | Mark R. Fortin<br>Rhea B. Fortin       |   | Case No.          |                               |
|---------|--|---|-------------------|-------------------------------|
|         |  | Debtor(s)   | Chapter           | 7                             |
|         |  | FION OF NOTICE TO CONSUM<br>R § 342(b) OF THE BANKRUPTO |                   | R(S)                          |
|         | LOVIN the Literation of the Lot Lot    | Certification of Debtor                                 |                   | 1. 8.2424N (Cd - Dool         |
| Code.   | I (we), the debtor(s), affirm that I ( | (we) have received and read the attached not            | tice, as required | by § 342(b) of the Bankruptcy |
|         | R. Fortin<br>3. Fortin                 | X /s/ Mark R. For                                       | tin               | November 30, 2015             |
| Printed | Name(s) of Debtor(s)                   | Signature of De   | btor              | Date                          |

X /s/ Rhea B. Fortin

Signature of Joint Debtor (if any)

November 30, 2015

Date

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

## **United States Bankruptcy Court** Northern District of Illinois

| n re  | Rhea B. Fortin                            |   | Case No.            |                           |
|-------|---|---|---------------------|---------------------------|
|       |   | Debtor(s)   | Chapter             | 7                         |
|       | $\mathbf{V}$                              | ERIFICATION OF CREDITOR I                               | MATRIX              |                           |
|       |   | Number o  | of Creditors:       | 1                         |
|       | The above-named Debtor(s (our) knowledge. | s) hereby verifies that the list of cred                | itors is true and c | correct to the best of my |
|       | (our) knowledge.                          |   |                     |                           |
| Date: | November 30, 2015                         | /s/ Mark R. Fortin  Mark R. Fortin  Signature of Debtor |                     |                           |
| Oate: |   | Mark R. Fortin  |                     |                           |

Anesthesia Consultants Ltd. 34121 Eagle Way Chicago, IL 60678-1341

Aurora Health Care 3301 West Forest Home Avenue Milwaukee, WI 53215

Bank of America 1800 Tapo Canyon Road Simi Valley, CA 93063

Capital One Bank Attn: Bankruptcy P. O. Box 30285 Salt Lake City, UT 84130

Comenity Bank/Avenue P. O. Box 182789 Columbus, OH 43218

Comenity Bank/Lane Bryant 4590 East Broad Street Columbus, OH 43213

Comenity Bank/Torrid Attention: Bankruptcy P. O. Box 182125 Columbus, OH 43218

Consumers Credit Union P. O. Box 9119 Waukegan, IL 60079

Goshgarian Orthodontics, LLC 1400 North Western Avenue Lake Forest, IL 60045-5404

Northshore Univ Health-Hospital c/o Pinnacle Management Services 830 Roundabout, Suite B West Dundee, IL 60118 NorthShore Univ HealthSystem c/o Harris & Harris, Ltd. 111 West Jackson Blvd., #400 Chicago, IL 60604-4135

NorthShore Univ HealthSystem c/o Van Ru Credit Corporation 1350 East Touhy Avenue, #300E Des Plaines, IL 60018-3342

Northwestern Lake Forest Hospital 660 North Westmoreland Road Lake Forest, IL 60045-1659

Northwestern Medicine 28155 Network Place Chicago, IL 60673-1281

Stephen J. Clark MD, PC 3021 Falling Waters Blvd., S-A Lindenhurst, IL 60046-6745

SYNCB/GEMB/Walmart Attn: Bankruptcy P. O. Box 103104 Roswell, GA 30076

Trinity Financial Services 2618 San Miguel Drive, #303 Newport Beach, CA 92660-5437